

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 6-14-052 Serial/Patent # 107519089

3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/> Filing	1	12/23/05	\$ 100
Amendment			\$
Extension of Time			\$
Notice of Appeal/Appeal			\$
Petition			\$
Issue			\$
Cert of Correction/Terminal Disc.			\$
Maintenance			\$
Assignment			\$
Other			\$

7 TOTAL AMOUNT OF REFUND \$ 100

8 TO BE REFUNDED BY:

 Treasury Check Credit Deposit A/C #:9 13--2725

10 REASON:

 Overpayment Duplicate Payment No Fee Due (Explanation):

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: A. JohnsonTITLE: ParalegalSIGNATURE: A. JohnsonPHONE: 308-940OFFICE: POT

***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****

APPROVED: _____ DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B